

## STANDARD CERTIFICATE OF DEATH

2880

State File No. ....

10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>582</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4416 Lindell Blvd.</b>				17. STREET ADDRESS (If rural, give location) <b>4653 Tower Grove Place</b>			
3. NAME OF DECEASED (Type or Print) <b>Emmett</b>		a. (First)		b. (Middle)		c. (Last) <b>Murphy</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 18 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Dec. 30, 1880</b>		9. AGE (In years last birthday) <b>70</b>		10. MONTHS <b>0</b>		11. DAYS <b>19</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retail shoe merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe</b>		11. BIRTHPLACE (State or foreign country) <b>Huntsville Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Hugh Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Burns</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Englander</b> ADDRESS <b>4416 Lindell Bl.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease.</b> <b>+ Arricular fibrillation</b> <b>+ Acute cerebral embolus from heart</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>sudden</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>10-7</b> , 19 <b>50</b> , to <b>1-18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-18</b> , 19 <b>51</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John J. Hammond M.D.</b> (Degree or title)		23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>1/19/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 22/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10180 Gravois Road Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 20 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. L. L. L.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bull-Campbell Mortuary</b> ADDRESS <b>4215 Lindell St.</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3881

P. O. Address 812 Davis St Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.